NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) CSO DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD: JULY / 2010

NO. CSO DISCHARGES OCCURRED:

3

MONTH YEAR

NAME: C	TTY OF MATT	OON WWTP	PERMI	MIT NUMBER: IL0029831				
ADDRESS	S: 820 S. 5 TH	PLACE	CERTIFIED MAIL # 7010 0780 0000 4465 8781					
CITY: MATTOON STATE: ILLINOIS ZIP CODE: 61938 TELEPHONE: (217) 234-6828								
RAIN EVENT START DATE:	ESTIMATED DURATION OF EVENT (IN HOURS):	ESTIMATED AMOUNT OF RAINFALL (IN INCHES):	CSO OU' OUTFALL NUMBER:	OUTFALL DESCRIPTION:	ESTIMATED DURATION OF CSO DISCHARGE (IN HOURS);			
7/14/10	8	1.95	005	S 9t st	4			
7/14/10	8	1.95"	007	6 TH AND PIATT CSO TO RILEY CREEK	4			
7/14/10	8	1.95"	800	HOWELL ASPHALT TO ICCR DITCH	4			
7/14/10	8	1.95"	004	N. RT. 45 ICRR DITCH TO RILEY CREEK	4			
7/18/10	2	0.68	007	6 TH AND PIATT CSO TO RILEY CREEK	1			
7/18/10	2	0.68	800	HOWELL ASPHALT TO ICCR DITCH	1			
7/18/10	2	0.68	004	N. RT. 45 ICRR DITCH TO RILEY CREEK	1			
7/21/10	12	3.28	003	Basin	8			
7/21/10	12	3.28	005	S 9t st	8			
7/21/10	12	3.28	007	6 TH AND PIATT CSO TO RILEY CREEK	8			
7/21/10	12	3.28	800	HOWELL ASPHALT TO ICCR DITCH	8			
7/21/10	12	3.28	004	N. RT. 45 ICRR DITCH TO RILEY CREEK	8			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMNED AND AM FAMILIAR WITH THE		DATE		
Tim Gover	INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRTY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILTY OF FINE AND IMPRISONMENT. SEE 18 USC \$ 1001 AND 33 USC \$ 1319 (Penalties under		08	18	10
TYPED OR PRINTED	these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	МО	DAY	YEAR

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

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